

Arizona Department of Health Services Office For Children With Special Health Care Needs Children's Rehabilitative Services Administration	Effective Date: 03/02/2009 Last Review Effective Date: 02/11/2009
SUBJECT: Medical and Utilization Management	SECTION: MM/UM 1.1

SUBTITLE: Detection of Over- and Under- Utilization of Services



POLICY:

It is the policy of the Children's Rehabilitative Services Administration (CRSA) to monitor the Children's Rehabilitative Services (CRS) Contractor for over- and under-utilization of services.

PROCEDURES:

- 1) The following reports are submitted by the CRS Contractor and reviewed by CRSA for over- and under-utilization of services:
 - a) Monthly CRS Contractor's claims:
 - i) Inpatient services.
 - ii) Ambulatory surgical services.
 - iii) Emergency services.
 - iv) Readmissions within thirty (30) days.
 - v) Pharmacy Report.
 - b) Quarterly CRS Contractor's claims:
 - i) Durable Medical Equipment (DME) Report.
 - ii) Utilization Management Report.
 - c) Other reports or sources as identified.
- 2) CRSA delegates certain Medical Management/Utilization Management (MM/UM) services to the CRS Contractor and provides oversight by conducting periodic site visits and the CRSA Annual Administrative Review. A site visit report is prepared following the site visit; report is submitted to and approved by CRSA MM/UM Committee and subsequently submitted to the Arizona Health Care Cost Containment System (AHCCCS). The MM/UM delegated services are as follows:
 - a) Prior Authorization.
 - b) Concurrent Review.
 - c) Retrospective Review.
- 3) The data/reports are evaluated and analyzed.
 - a) Trends in utilization data are presented to the CRSA MM/UM Committee.
 - b) The CRSA MM/UM Committee identifies potential over- and under-utilization.

- c) The CRSA MM/UM Committee discusses and evaluates each report; action is taken if necessary.
- 4) For identified over- and under-utilization of services, the CRS Contractor is asked to provide a response. If needed, a corrective action plan (CAP) is initiated.
- 5) If indicated, the CAP is monitored until desired outcomes are achieved.
- 6) Findings are presented to the CRSA Executive Management Committee.

Approved:	Date:
 CRSA Administrator	<u>3/5/09</u>
 CRSA Medical Director	<u>3/9/09</u>